### a. PAYMENT CLAUSES

*(Check one. If b or a insert name address and telephone number)*

2. **(X) DFAFS**

Payments under this award will be made available through the DHHS payment Management System (PMS). PMS is administered by the Federal Assistance Financing Branch (FAFB), Office of the Deputy Assistant Secretary, Finance which will forward instructions for obtaining payments.

Inquires regarding payment should be directed to:

Director, Division of Payment Management
Post Office Box 6021
Rockville, Maryland 20852-0605
Telephone No. (301) 443-1660

### b. () AGENCY LETTER OF CREDIT

Payments under this award will be made available through a letter of credit administered by ________

Inquires regarding payments should be directed to:

Telephone #: ________

### c. () TREASURY CHECK

Payments under this award will be made available by Treasury Check issued through the ________

Finance Office. Inquires regarding payments should be directed to:

Telephone #: ________

### 2. CENTRAL REGISTRY SYSTEMENTITY IDENTIFICATION NUMBER (CRS/EIN)

### 3. DOCUMENT NUMBER

1905MO5000

### 4. FISCAL YEAR, CAN AND AMOUNT OF THIS AWARD/ACTION

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>CAN</th>
<th>Amount of Award/Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2019</td>
<td>95996800</td>
<td><strong>$11,999,775</strong></td>
</tr>
</tbody>
</table>

Funding Level for the
Period 10/1/2018 through 9/30/2019

**IMPORTANT: SEE REMARKS BELOW**

Total Amount of This Award **$41,400**

### 5. CARRY-OVER BALANCE/UNOBLIGATED BALANCE FROM PRIOR BUDGET PERIODS

Amount

### 6. SPECIAL EXPENDITURE REPORTING REQUIREMENT

(For Awards paid by DFAFS only)

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**YES** ________ **NO** ________

If the yes block is checked, the recipient of this award must report his allowable expenditures to DFAFS Document Number.

### 7. REMARKS:

The Medicare funds awarded in this notice can only be drawn from sub-account 19S&CTITLE18MEDICARE

September Attestation Validation Supplemental Award for 1 ASC and 1 Accredited Hospital Survey

10/24/2019